



## APPLICATION FOR CONSTRUCTION PERMIT FOR PRIVATE MENTAL HEALTH INSTITUTIONS

State Form 52047 (2-05)  
Indiana State Department of Health  
Sanitary Engineering

- INSTRUCTIONS: 1. Send plans to:  
Indiana State Department of Health  
2 North Meridian, 5E  
Indianapolis, IN 46204  
2.. Direct questions to 317/233-7177

**FAXED COPIES OF APPLICATIONS  
WILL NOT BE ACCEPTED**

<p>1. OWNER _____ Name _____ Address _____ _____ Phone No. _____</p>	<p>5. The Following Documents are Attached: (CHECK WHERE APPLICABLE) A. Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Existing <input type="checkbox"/> Private <input type="checkbox"/> New B. Plot Plan with Site Utilities: <input type="checkbox"/> C. Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Existing <input type="checkbox"/> Private <input type="checkbox"/> New D. Plans and Specifications certified by Architect or Engineer: <input type="checkbox"/> E. Number of Licensed Beds _____ F. Life Safety Code Analysis Certified by Architect or Engineer <input type="checkbox"/></p>
<p>2. OWNER'S DESIGNATED AGENT Name _____ Title _____ Address _____ _____ Phone No. _____</p>	
<p>3. FACILITY (TYPE OF PROJECT) _____ Name _____ Address _____ _____ City _____ County _____ ZIP _____</p>	<p>6. SIGNATURE Application is hereby made for a permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and to the best of my knowledge and belief such information is true, complete, and accurate.  _____ Printed Name of Person Signing  _____ Title  _____ Signature of Owner or Designated Agent  _____ Date of Application Signed</p>
<p>4. ENGINEER/ARCHITECT Name _____ _____ Address _____ _____ _____ Phone No. _____ License # _____</p>	

**INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT FOR  
PRIVATE MENTAL HEALTH INSTITUTIONS**

1. Owner Name and address of person, company, firm, municipality, authority, etc.,
2. Authorized Agent Name, title, address, and phone number of person who is designated to act for owner and who is familiar with the project and can furnish additional information as required.
3. Name of Facility or Project State its name, location, and nearest possible address.
4. Name of Engineer/Architect Name, title, company, address and phone number of engineer or architect registered in the State of Indiana who certified and sealed the construction plans and specifications.
5. Check the Squares Indicating Name of Documents Attached to Application. All Documents are Required Except Where Inapplicable
  - A. Specify the type of water supply serving the subject facility, and whether new or existing.
  - B. Plot plan or plans to scale showing property lines, structures, roads, and site utilities.
  - C. Specify the type of sewage disposal serving the subject facility, and whether new or existing.
  - D. Plans, drawn to scale, shall be prepared, by an individual qualified under applicable laws of the State of Indiana. (See No. 4 above, if applicable).
  - E. Specify the number of licensed beds.
  - F. Private Mental Health facilities must comply with the Life Safety Code, NFPA 101, 2000 Edition Certified by an Indiana Registered Architect or Engineer.  
Attach Analysis
6. SIGNATURE  
An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation at the facility from which the construction described in the form will originate. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively.